

## DATA USE LICENSE AGREEMENT

By obtaining this data (hereafter called "HINs"), I (hereinafter referred to as the Licensee Organization) hereby agree that I am licensing from the Health Industry Business Communications Council (hereinafter referred to as HIBCC or the Licensor) the use of these HINs for a period of one year for a license fee as calculated as a consequence of this download. I further agree to the following terms:

HINs and any compilation of HINs remain the sole property of HIBCC. The licensee will take no action to infringe on the rights of the Licensor therein.

1. Licensee acknowledges that the Data constitutes valuable copyrighted and proprietary information of Licensor, covered by the Copyright Registrations #TX-8-748-740, #TX-6-589-387, and #TX-5-522-923. Licensee agrees not to sell or release data to any other individual, association, firm, parent or subsidiary organization, or other entity whatsoever, except as permitted by Licensor. The HIBCC Authorized Licensees list can be found at: [here](#)

2. If the Licensee is a data reselling organization Licensee agrees to use the HINs strictly for internal uses and is prohibited from selling or otherwise distributing or disclosing HINs to any third party, including customers or clients of Licensee, without the prior written consent of Licensor.

3. This Agreement shall take effect upon completion of the download of HIN data.

4. The obligation of confidence and nondisclosures assumed by Licensee hereunder shall not apply to: a) the information which at the time of disclosure is in the public domain; or b) Information which thereafter lawfully becomes a part of the public domain other than through disclosure by Licensee, or c) information known to Licensee prior to licensors' disclosures to Licensee; or d) Information which is lawfully disclosed to Licensee by a third party not under an obligation of confidentiality to licensor with respect to said information.

5. This agreement and HIN are renewable annually upon payment of a \$50 annual renewal fee (licensure will be notified by HIBCC annually).

**Having read the above, and having understood the terms and conditions of the Agreement, Licensee agrees to assume full responsibility for compliance with this agreement. Any breach of this Agreement or any terms therein will subject Licensee to any and all injunctive relief and legal and equitable remedies available to the Licensor.**



## The Health Industry Number (HIN) for Providers



**T**he HIN is a unique and standardized identifier that enumerates hospitals, providers, suppliers, and all other partners doing business in the supply chain. It is the method used by your trading partners for identifying locations of services and activities at your facilities.

HIN information is available to you, as a hospital or provider, without charge, via your GPO (Group Purchasing Organization) or medical supplier/distributor.

Organizations are encouraged to periodically review and update their HIN assignments, as well as to request additional assignments for locations that have not yet been enumerated with a HIN.

As a Provider you may also access your HIN directly from HIBCC. The process can be initiated by completing the HIN request form in the Obtain Your HIN link below.

## **Please Review This Section Before Obtaining Your HIN**

Fee per HIN when applied directly with HIBCC:

- Initial fee – \$100.00
- Annual renewal fee – \$50.00

The facility must either be already open, or opening within 30 (calendar) days in order for the HIN to be assigned.

1. The first step is to fill out the Data License Use Agreement.
2. Next you will be redirected to a page where you will fill out additional information needed to assign the HIN, and you will enter your payment information.
3. Once all proper paperwork is received, we will initiate a HIN request, and once complete, your HIN assignment will be emailed to you.

## **Contact HIBCC Today**

Should you have additional questions, [click here](#) to contact us or call **(602) 381-1091**.



## Obtain Your HIN

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Step 1 of 2

50%

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☐ **I agree to the Data Use License Agreement.**

**Date** (Required)

~~10/19/2021~~

2/2/22



**Name of Licensee Organization** (Required)

Mangum Regional Medical Center

**Contact Name** (Required)

Dale

**First**

Clayton

**Last**

**Title** (Required)

CEO/Admin.

**Contact Email Address** (Required)

dale@cohesivehealthcare.net

**Contact Phone Number** (Required)

580-782-3353

**Address** (Required)

1 Wickersham Drive

**Street Address**

**Address Line 2**

Mangum

**City**

OK

State / Province / Region

73554

ZIP / Postal Code

United States



Country

## Obtain Your HIN

To obtain your HIN, please fill out the information below. Should you have any questions, please email [dba@hibcc.org](mailto:dba@hibcc.org).

**The HIN will be assigned to this location.**

**HIN FEE** (Required)

Price: \$100.00

**Is this a Human or Animal Health Facility?** (Required)

☒ Human Health

☐ Animal Health

**Are you applying for a 340B PHS Drug Pricing Program HIN? (340B ID must be provided.)** (Required) CAH371330-00

☒ Yes

☐ No

**Organization/Company** (Required)

Ruckett Discount Drug

**Shipping Address** (Required)

Street Address

101 N. Louis Tittle Ave.

Address Line 2

MANGUM

City

OK

State / Province / Region

73554

ZIP / Postal Code

United States



Country

Telephone (Required) Products#

580-782-2131

Click 'Next' to pay and submit your HIN application.

**Next**

### Interested in Becoming a HIN Licensee?

[License the HIN System](#)

[HIN Data Licensing Guidelines](#)

[View HIN Licensee List](#)

[HIN Resource Center](#)

HIN API Service

### **iHIN – HIBCC's HIN Web Based Portal**

Access the iHIN Web-Based Portal

**Contact HIBCC**



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3. Once your application is received, we will initiate a HIN request. Your HIN assignment will be emailed to you.

Step 2 of 2

100%

## Billing Contact Information

**Organization/Company** (Required) *MRMC*

*Mangum Regional Medical Center*

**Name** (Required)

*Dale Clayton*

**First**

Clayton

Last

**Title** (Required)

ceo/Admin.

**Billing Address** (Required)

TBD

The address must match your credit card billing address for the transaction to complete.

**Street Address**

**Address Line 2**

**City**

**State / Province / Region**

**ZIP / Postal Code**

United States



**Country**

**Billing Email** (Required)

ap@manquimRegional.org

**Billing Telephone** (Required)

580-782-3353 x225

**Credit Card Details** *(Required)*

**Card Number**

**Security Code**

**Expiration Date**

**Cardholder Name**

**Total**

\$100.00

**Payment Authorization & Terms** *(Required)*

By checking this box, I authorize HIBCC to charge my credit card above for the agreed-upon transaction. The HIN fee is non-refundable and will be processed according to the information submitted on this form.

☒ I authorize HIBCC to charge my credit card.

**Do not click the "Submit" button more than once. Doing so could result in duplicate charges to your credit card.**

**Previous**

**Submit**